PANGAEA 2.0 EVOLUTION: Clinical and non-clinical parameters in the early assessment of SPMS patients in clinical routine

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Introduction

Due to a lack of established reliable diagnostic criteria and standardized assessments, identification of the transition from RRMS to SPMS remains challenging. Essential characteristics of this transitional phase can be determined by comparing clinical parameters and patient reported outcomes of RRMS patients at high risk for SPMS with SPMS patients which was the aim of the PANGAEA 2.0 EVOLUTION study.

Methods

Following 609 patients with SPMS or at high risk for SPMS for up to 2 years regardless of treatment, this prospective non-interventional study assessed patient characteristics and disease management in clinical routine settings. Data collected in routine clinical measurements and quality of life and socioeconomic parameters were documented in 6-month intervals.

Results

The data set consists of 187 SPMS patients and 422 RRMS patients at high risk for SPMS. Most patients (82.9%) did not change their therapy during the study. At baseline, RRMS patients at high risk for SPMS presented with a lower overall EDSS score (4.2±1.1 vs. 5.1±1.1) compared to SPMS patients. Patients at high risk for SPMS also showed a lower FSMC total score than SPMS patients at baseline (63.8±19.0 vs. 68.5±15.8). However, while SPMS patients remained stable over 2 years (67.8±16.8), the total FSMC score of patients at high risk for SPMS increased to 69.3±17.6 with motor fatigue being the strongest contributor. The FSMC subscale on cognitive fatigue indicated a similar impairment of both cohorts at baseline and after 2 years.

Conclusion

Combining clinical and non-clinical parameters in individual patient profiles supports the early diagnosis of SPMS.

Disclosures

Christoph Lassek is a neurologist at Neurologische Gemeinschaftspraxis, Kassel, Germany.

Cordula Weiss is an employee of Novartis Pharma GmbH.

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